

| ITS Institute Registration Form   |        |      |
|---|--------|------|
| Name: (Please Print)<br>Mr./Ms.   |        |      |
| Social Security No.:  |        |      |
| Agency & Division Name:   |        |      |
| Office Address: (Specify Handmail, if applicable)   |        |      |
| City:   | State: | Zip: |
| Office Phone:   |        |      |
| Home Phone:   |        |      |
| Fax Number:   |        |      |
| Email Address:  |        |      |
| Course No./Name: <b>ANNUAL SUBSCRIPTION FOR ON-LINE TRAINING</b>  |        |      |
| COURSE COST: <b>PLEASE CHECK ONE</b><br>( ) ANNUAL SUBSCRIPTION FOR FULL LIBRARY ON-LINE TRAINING<br>\$165 per person (includes technical and end-user courses)<br>( ) ANNUAL SUBSCRIPTION FOR END-USER LIBRARY ON-LINE TRAINING<br>\$ 85 per person (includes end-user courses only) |        |      |
| <input type="checkbox"/> Bill Non-State Employer <input type="checkbox"/> Bill Student<br><input type="checkbox"/> Bill State Agency  |        |      |
| Agency/Employer Code: _____<br>Provider No.: _____  |        |      |
| Supervisor's Name: (Please Print)   |        |      |
| <i>All registration forms MUST be signed by the individual responsible for payment.</i><br><br><div style="text-align: center;">_____</div> Authorized Signature  |        |      |

**PLEASE RETURN FORM TO:**  
 Susan McClain, ITS Education Services  
 301 North Lamar Street, Suite 508  
 Jackson, MS 39201-1495  
 Phone: (601) 359-6196  
 Fax: (601) 354-6016  
**ITS WEB Home Page:**  
<http://www.its.state.ms.us>